



Q1. Proposed Service Summary Form

County/counties to be served—Are all slots statewide slots?
Should providers list all 67 counties for each proposal?

R1. Statewide slots no need to specify all 67 counties.

Q2. Gender, Age, number of slots-

Is the information binding if the number of slots purposed is different from the number of slots awarded?

R2. We award slots based on what Vendors offer in their proposals.

Q3. Page 7 Schedule of events

Is a letter of intent to apply needed for this proposal?

R3. No.

Q4. PAGE 8 1.1 REQUIRED LICENSURE

In section 1.0 it says that this program will be provided in a congregate care setting. In section 1.1 it says IF served in congregate care.
Is this program to be congregate care only?

R4. Yes.

**Q5. What is the expected utilization for this service with the age groups specified--
-12-15? 16 and older?**

R5. Unknown.

Q6. Page16, 3.1 Population to be served

1.Are facilities expected to be locked since runaway children are identified as possible youth referred?

2.Will consideration be given for sibling placements if the siblings fall on either side of the age group selected?

3.Could the age group be 12-16 if provider describes how they will manage this age group?

R6. 1. No

2. No

3. No

Q7. Page 16, 3.2. Length of placement

1.What circumstances would you anticipate extending the 60 day limit?

2.Is it the expectation of Department of Human Resources that the ISP provided at placement includes the CIPP plan?

Crisis Intervention Services For Children



3. What is to be done if the ISP is not provided?
4. What will be our protocol to obtain the ISP for admissions?
5. Will SDHR make counties aware of this expectation?

- R7.**
- 1. None**
 - 2. Yes**
 - 3. Do not accept child**
 - 4. Discuss this up front and state that it is a state office requirement .**
 - 5. Yes**

Q8. Page 17, 3.5.1 Rejection/Ejections Policy

Is it expected that this population might be those excluded from moderate and IRT due to those program guidelines, i.e. sexual offenders, youth charged with assaultive behaviors, substance abusers, etc.?

- R8. No.**

Q9. Page 25, Cost proposal

Is Medicaid billing expected? If so, what portion of the \$100 daily rate will be state dollars? What portion will be Medicaid? If providers are able to provide Psychiatric services and counseling services, will this impact the daily rate?

- R9. We expect providers to bill Medicaid whenever possible but it is not a split rate.**